## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

588622 10/

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT				
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TOTAL DEP.	12	<b>(+</b>		<b>+</b>		<b>4</b>			
TOTAL CLAIMS	16			1.h In		1			

PTO - 1360 (REV. 11/04)

				TER AFTER		
	AS F	ILED	AFTER 1"AMENDMENT		AFIER  2 MAMENDMENT	
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TOTAL CLAIMS		4				

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